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FIRST NAMED INVENTOR

James T. Wilson

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23644

APPLICATION NO.

10/090,383

7590

01/05/2006

BARNES & THORNBURG, LLP P.O. BOX 2786 CHICAGO, IL 60690-2786

04/10/2006 BABRAHA2 00000003 10090383

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1400.00 OP

FILING DATE 03/04/2002



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Minnie Wilson	(Depositor's name)	
Minnie Welson	(Signature)	
April 4, 2006	(Date)	

CONFIRMATION NO.

5192

ATTORNEY DOCKET NO.

673-1031

10,050,505	05/0 1/2002	-		****		
TITLE OF INVENTION: I	LINK CAPACITY ADJUST	MENT COMPONENT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$1400	04/05/2006	
EXA	MINER	ART UNIT	CLASS-SUBCLASS	]		
DYKE,	KERRI M	2667	370-216000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		Correspondence or (2) ation form reg of a Customer 2 in	For printing on the patent front page, I ) the names of up to 3 registered pate agents OR, alternatively, ) the name of a single firm (having as gistered attorney or agent) and the nar registered patent attorneys or agents. If ted, no name will be printed.	nt attorneys 1 Barr a member a 2 2	nes & ThornburgLLP	
PLEASE NOTE: Unles	D RESIDENCE DATA TO It is an assignee is identified bin 37 CFR 3.11. Completion	elow, no assignee data v	PATENT (print or type) will appear on the patent. If an assigned the stitute for filing an assignment.	nee is identified below, t	the document has been filed for	
(A) NAME OF ASSIGNEE (B)			B) RESIDENCE: (CITY and STATE OR COUNTRY)			

Nortel Networks Limited St. Laurent, Quebec, Canada Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0913 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name William M. Lee,

April 4, 2006

26,935 Registration No.

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